

| Name in Full | | Barister | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|---|---|----------------------|-------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Corn Pt | Town | Calvert | County |
| | MARYLAND | | | | |
| | Date of death | 1910 | Month | April | Day |
| | 8 | Age | Years | Months | Days |
| | Sex | male | Color or Race | Colored | Birth place |
| | Calvert Co md | Occupation | Where Residing if not at place of death | | |
| | Married, Single or Widowed | Single | Name of Wife or Husband | — | |
| FATHER'S NAME | Hopewell Barister | | | Father's Birthplace | |
| | Calvert Co md | | | Mother's Birthplace | |
| | Mother's Maiden Name | | | Martha Smith | |
| | Name of person giving information | | | Hopewell Barister | |
| How related to deceased | | | Father | | |
| CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | Primary | Still birth | | | |
| | Immediate | How long | | | |
| | Are the name, age, sex, color, date and place correctly given above? | yes | | | |
| | Signature of Physician | L. F. Chambers | | | |
| | Address | Sub Registrar & B. 274 Lusbyo md Calvert Co | | | |
| Accident or Suicide? | | | | | |

Order to pay a sum of money
and to be paid to the

Name
in
Full

Dorwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--------------------|----------------------------------|---|----------------------------------|----------------------|
| Died at <i>Solomons</i> Town | | <i>Calvert</i> County | | MARYLAND | |
| Date of death <i>1910</i> | Month <i>April</i> | Day <i>20</i> | Age <i>—</i> | Months <i>—</i> | Days <i>1/2 hour</i> |
| Sex <i>male</i> | | Color or Race <i>white</i> | | Birth place <i>Calvert Co md</i> | |
| Occupation <i>—</i> | | | Where Residing If not at place of death | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>Richard D. Dorwell</i> | | | Father's Birthplace <i>Calvert Co md</i> | | |
| Mother's Maiden Name <i>Sarah C Baldwin</i> | | | Mother's Birthplace <i>Prince Georges Co md</i> | | |
| Name of person giving information <i>Richard D Dorwell</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Premature birth</i> | How long <i>15 hours</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Dr F Chambers md</i> |
| <i>2</i> | Address <i>Lucy's Calvert Co md</i> |
| Accident or Suicide? | |



Name
in
Full

L

Dorrell

CERTIFICATE OF DEATH

MARYLAND

Died at *Sunderland* Town *Calvert* County
Date of death *19010* Month *April* Day *24* Age *—* Years *—* Months *—* Days *—*
Sex *Male* Color or Race *White* Birth-place *Calvert Co, Sunderland,*
Occupation *Home* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*
Father's Name *Henry D. Dorrell* Father's Birthplace *Calvert Co*
Mother's Maiden Name *Mary E. Goren* Mother's Birthplace *Anne Ansted Co*
Name of person giving Information *Henry D. Dorrell* How related to deceased *Washer* **(S)**

CAUSES OF DEATH

Primary *—* How long *—*
Immediate *Unknown (Still-Born)* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

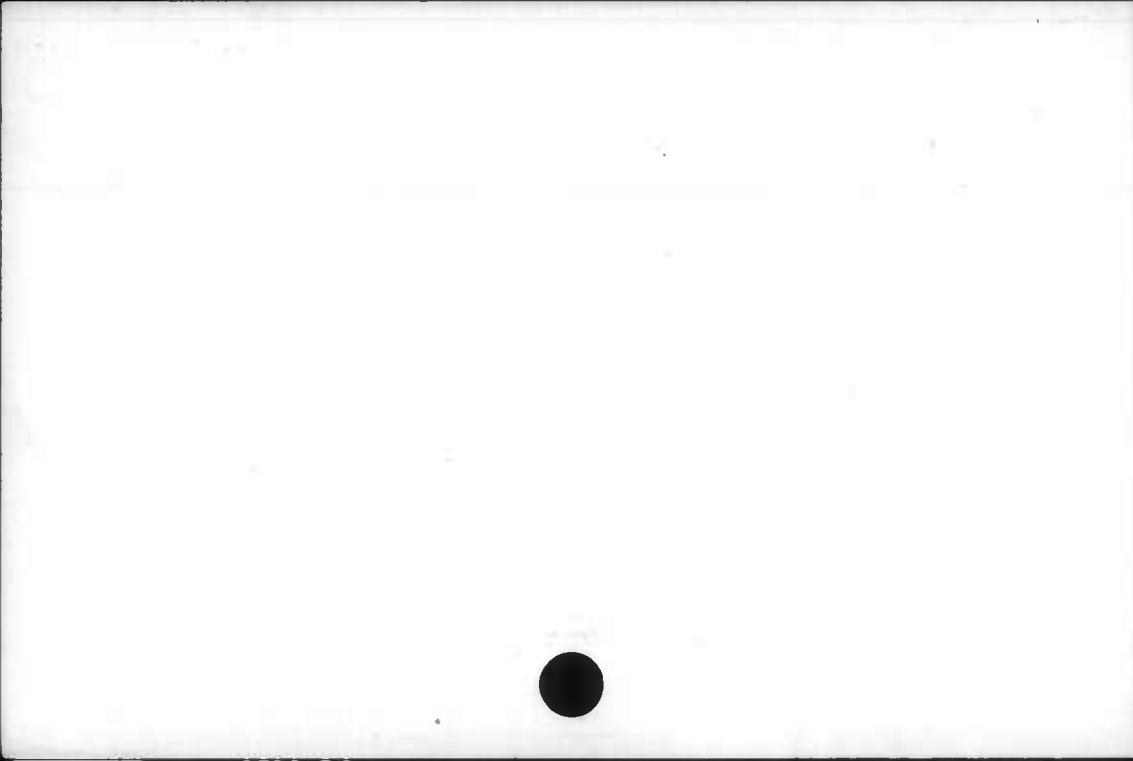
E. H. Newman M.D.

Address

Lo Manthoro, Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

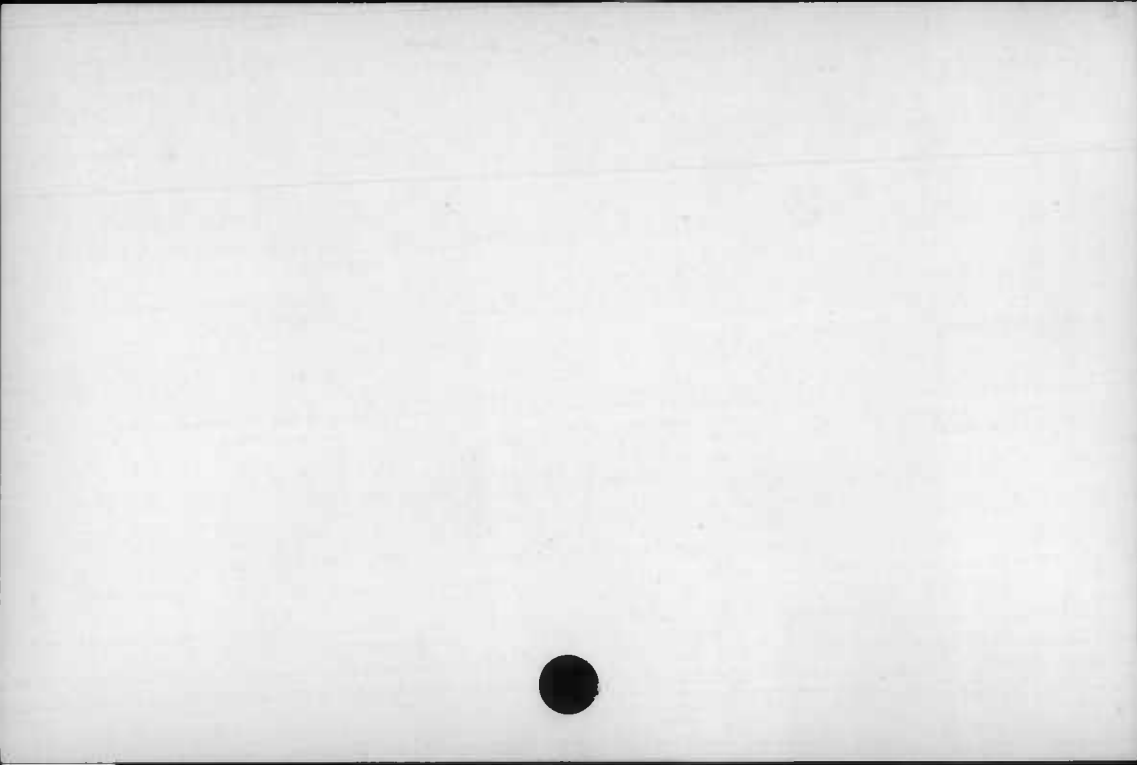
| | | | | | |
|---|--|---|-----------------------------|----------|------|
| Died at <i>Huntingtown</i> Town | | <i>Calvert</i> County | | MARYLAND | |
| Date of death <i>1910</i> | Month <i>apl</i> | Day <i>29</i> | Years <i>74</i> | Months | Days |
| Sex <i>Male</i> | Color or Race <i>Black</i> | | Birth-place <i>Cal. Co.</i> | | |
| Occupation <i>Farmer</i> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Name of Wife or Husband <i>Martina Gross</i> | | | | |
| Father's Name <i>Richard Garland</i> | Father's Birthplace <i>Cal. Co.</i> | | | | |
| Mother's Maiden Name <i>Rachel South</i> | Mother's Birthplace <i>" "</i> | | | | |
| Name of person giving Information <i>Isaac Garland Jr</i> | How related to deceased <i>Son</i> | | | | |

CAUSES OF DEATH

64 ✓

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Intra cranial Hemorrhage</i> | How long <i>3 days</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. W. Litch</i> |
| <i>2</i> | Address <i>Huntingtown, Md.</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Julia A. Gibson*

Died at *Huntingtown* *Calvert* *Co.*

County *Calvert*

MARYLAND

Date of death *1910* *Apr.* *14* *Age 68*

Sex *Female* Color or Race *white* Birth-place *Cal. Co.*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Harrison T. Gibson*

Father's Name *Thos Shesburt* Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *M. O. Gibson* How related to deceased *Son in law*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Chronic Bronchitis & Emphysema* How long *years*

Immediate *Acute Dilatation of Heart* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *H. W. Leitch*

Address *Huntingtown Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Abram Hsray Town St Leonard County Calvert MARYLAND

Died at St Leonard Date of death 1960 Month April Day 27 Age 72 Year 72 Month — Days —

Sex male Color or Race colored Birth-place Calvert

Occupation farmer Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband Monika Hsray

Father's Name Dr. J. M. Krum Father's Birthplace Calvert

Mother's Maiden Name Dr. J. M. Krum Mother's Birthplace Calvert

Name of person giving Information Dr. J. M. Krum How related to deceased none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Senile decay How long 12 yrs

Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr. J. M. Krum

Address —

Accident or Suicide —

195v

85-8

2800

201

802

523

302

Name
in
Full

Harry Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

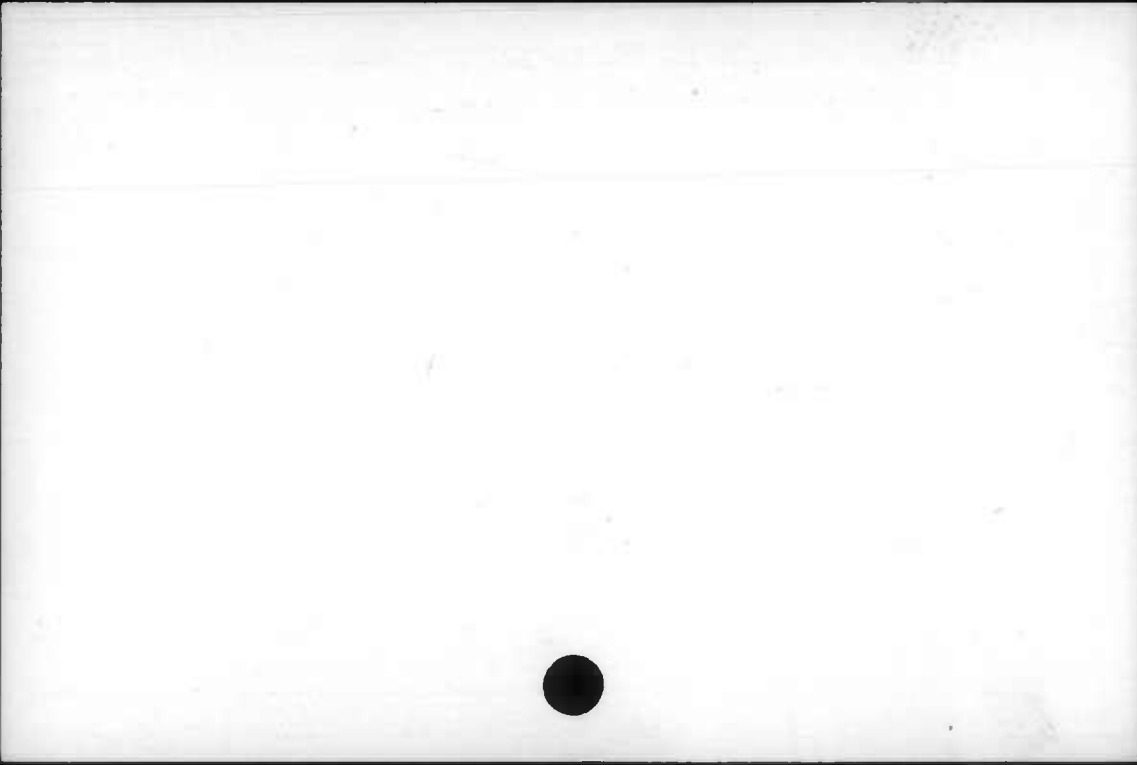
| | | | | | |
|---|--|---|--|-------------------------------|--|
| Died at <u>Plum Pt</u> ^{Town} | | <u>Calvert</u> ^{County} | | MARYLAND | |
| Date of death <u>1900</u> ^{Month} <u>Apr</u> ^{Day} <u>11</u> ^{Years} <u>65</u> ^{Months} <u>—</u> ^{Days} <u>—</u> | | Age <u>65</u> | | | |
| Sex <u>Male</u> | | Color or Race <u>Black</u> | | Birth-place <u>Calvert Co</u> | |
| Occupation <u>Labourer</u> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <u>Single</u> | | Name of Wife or Husband <u>—</u> | | | |
| Father's Name <u>Unknown</u> | | Father's Birthplace <u>Unknown</u> | | | |
| Mother's Maiden Name <u>Unknown</u> | | Mother's Birthplace <u>Unknown</u> | | | |
| Name of person giving Information | | How related to deceased | | | |

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------------|---|---------------|
| Primary | <u>Cerebral Hemorrhage</u> | How long | <u>24 hrs</u> |
| Immediate | <u>Paralysis</u> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <u>J. W. Young</u> | |
| | | Address <u>Barton Md</u> | |
| Accident or Suicide | | | |



Name
in
Full

✓ Retta Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

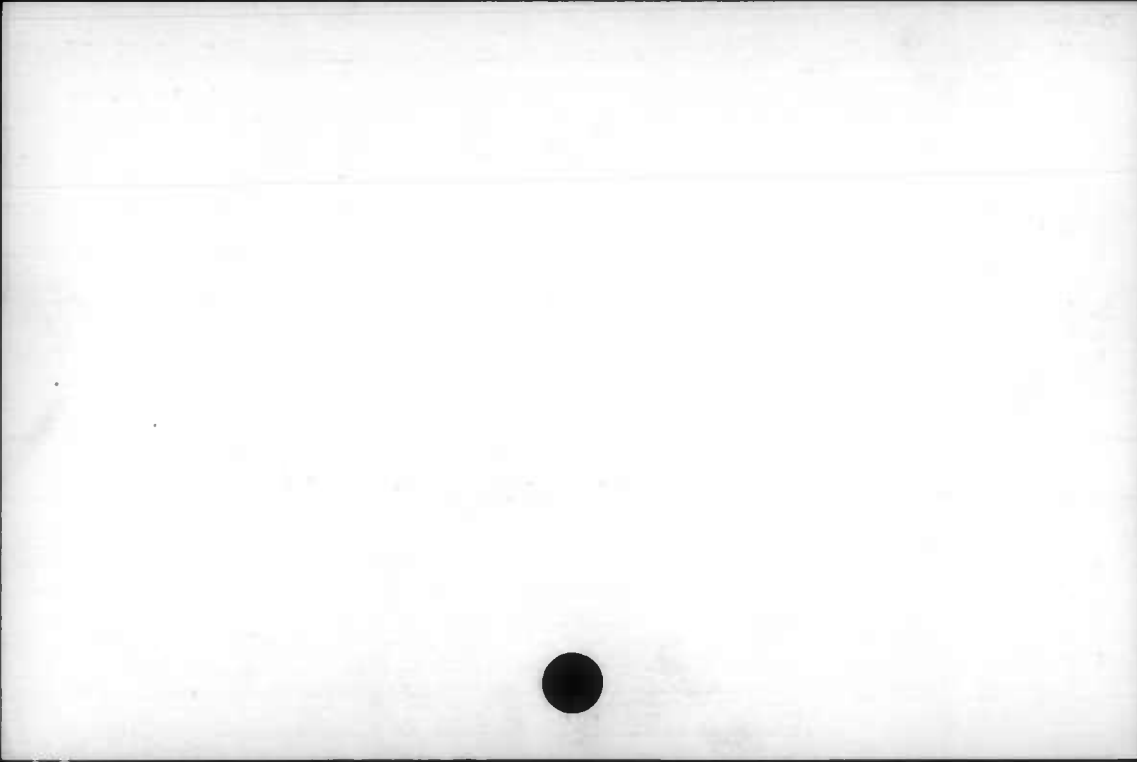
| | | | | | | | | |
|--|--|---------------------|-------------------------------|-----------------|-------|---------------|--|--|
| Died at <i>L. Marlboro</i> | | Town <i>Calvert</i> | | County | | MARYLAND | | |
| Date of death <i>1990</i> | Month <i>April</i> | Day <i>6</i> | Age <i>21</i> | Months <i>—</i> | Years | Days <i>—</i> | | |
| Sex <i>Female</i> | Color or Race <i>African</i> | | Birthplace <i>Calvert Co.</i> | | | | | |
| Occupation <i>House Servant</i> | Where Residing if not at place of death <i>—</i> | | | | | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband <i>—</i> | | | | | | | |
| Father's Name <i>Edward Gross</i> | Father's Birthplace <i>Calvert Co</i> | | | | | | | |
| Mother's Maiden Name <i>Maggie Smith</i> | Mother's Birthplace <i>" "</i> | | | | | | | |
| Name of person giving Information <i>John Ross</i> | How related to deceased <i>None</i> | | | | | | | |

CAUSES OF DEATH

103 ✓

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Acute Indigestion</i> | How long <i>10 Hours</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>E. H. Hinman, M.D.</i> |
| | Address <i>Lower Marlboro, Calvert Co., Md</i> |
| Accident or Suicide | |



Name
in
Full

Sarah Horrocks

CERTIFICATE OF DEATH

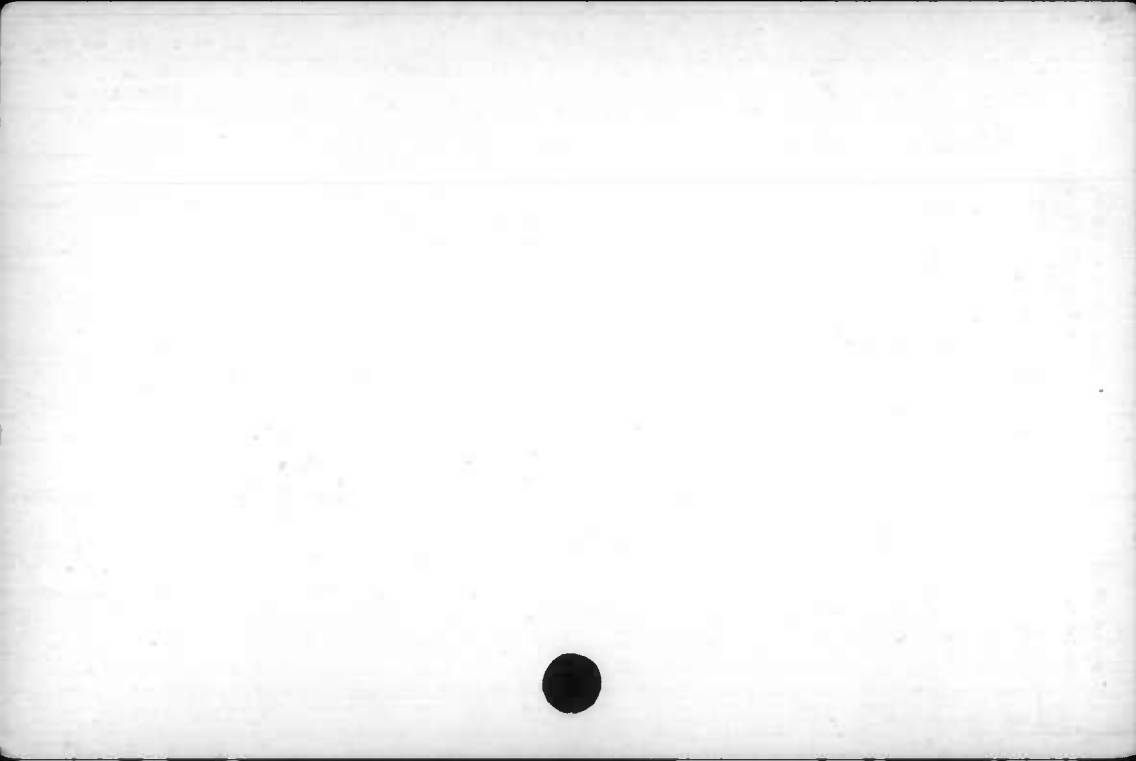
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|---|-------------------------------------|----------|------|
| Died at <i>Mandeville</i> | | County <i>Calvert</i> | | MARYLAND | |
| Date of death <i>1990</i> | Month <i>April</i> | Day <i>15</i> | Age <i>69</i> | Months | Days |
| Sex <i>Female</i> | Color or Race <i>Colored</i> | | Birth-place <i>Calvert Co</i> | | |
| Occupation <i>Housewife</i> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Charles Horrocks</i> | | | | |
| Father's Name <i>Do not know</i> | Father's Birthplace | | | | |
| Mother's Maiden Name <i>Taylor</i> | Mother's Birthplace <i>Calvert</i> | | | | |
| Name of person giving Information <i>Sam J. Horrocks</i> | | | How related to deceased <i>none</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Pneumonia</i> | How long <i>6 days</i> |
| Immediate <i>Exhaustion</i> | How long <i>1 day</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>P. P. Mason M.D.</i> |
| <i>2</i> | Address <i>Mandeville</i> |
| Accident or Suicide | <i>yes</i> |



Name
in
Full

CERTIFICATE OF DEATH

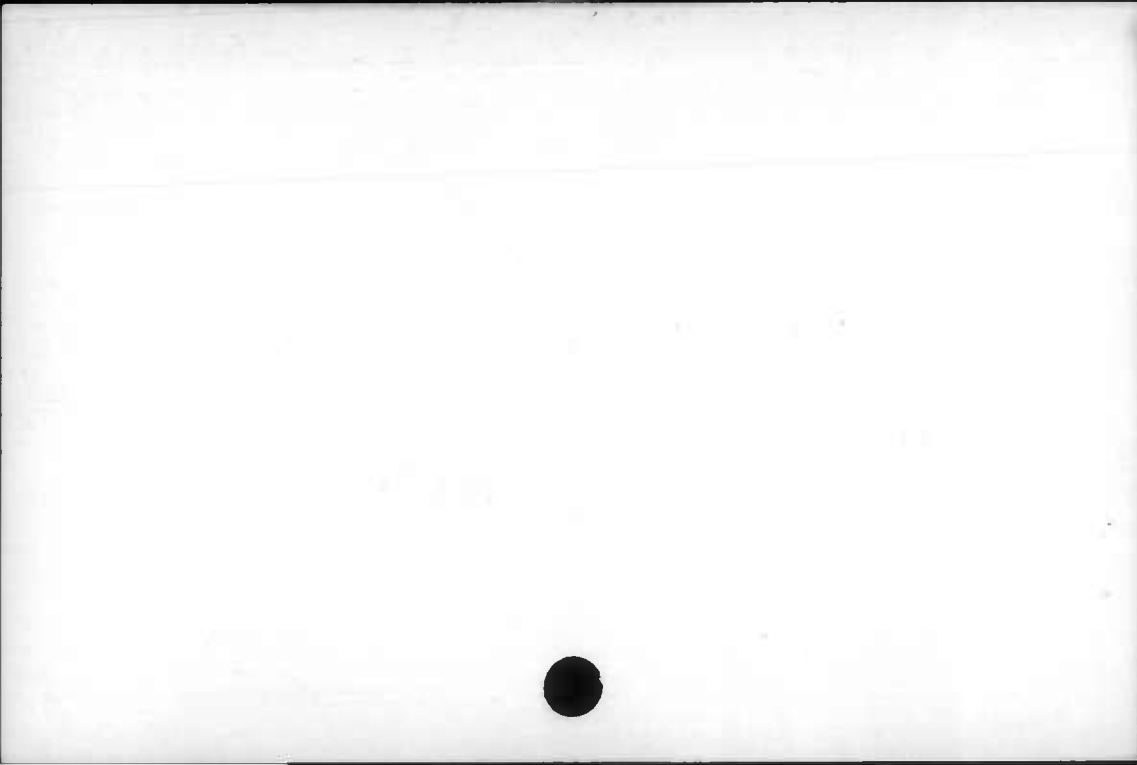
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|--|---------------|--------------------------------|-------------------------------|
| Died at <i>Int Harmony</i> | | County <i>Calvert</i> | | MARYLAND | |
| Date of death 19 <i>60</i> | | Month <i>April</i> | Day <i>22</i> | Age <i>—</i> | Months <i>—</i> Days <i>6</i> |
| Sex <i>male</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Int Harmony</i> | |
| Occupation <i>none</i> | | Where Residing if not at place of death <i>—</i> | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>Henry Jenkins</i> | | Father's Birthplace <i>Calvert Co.</i> | | | |
| Mother's Maiden Name <i>Mary Morrell</i> | | Mother's Birthplace <i>Calvert Co.</i> | | | |
| Name of person giving Information <i>Henry Jenkins</i> | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|------------------------|--|---------------|
| Primary | <i>Premature Birth</i> | How long | <i>6 days</i> |
| Immediate | <i>Transition</i> | How long | <i>6 days</i> |
| Are the name, age, sex, color, data and place correctly given above? <i>yes</i> | | Signature of Physician <i>W. M. Chang, Registrar</i> | |
| | | Address <i>Chang, Md.</i> | |
| Accident or Suicide | | | |



Name
in
Full

CERTIFICATE OF DEATH

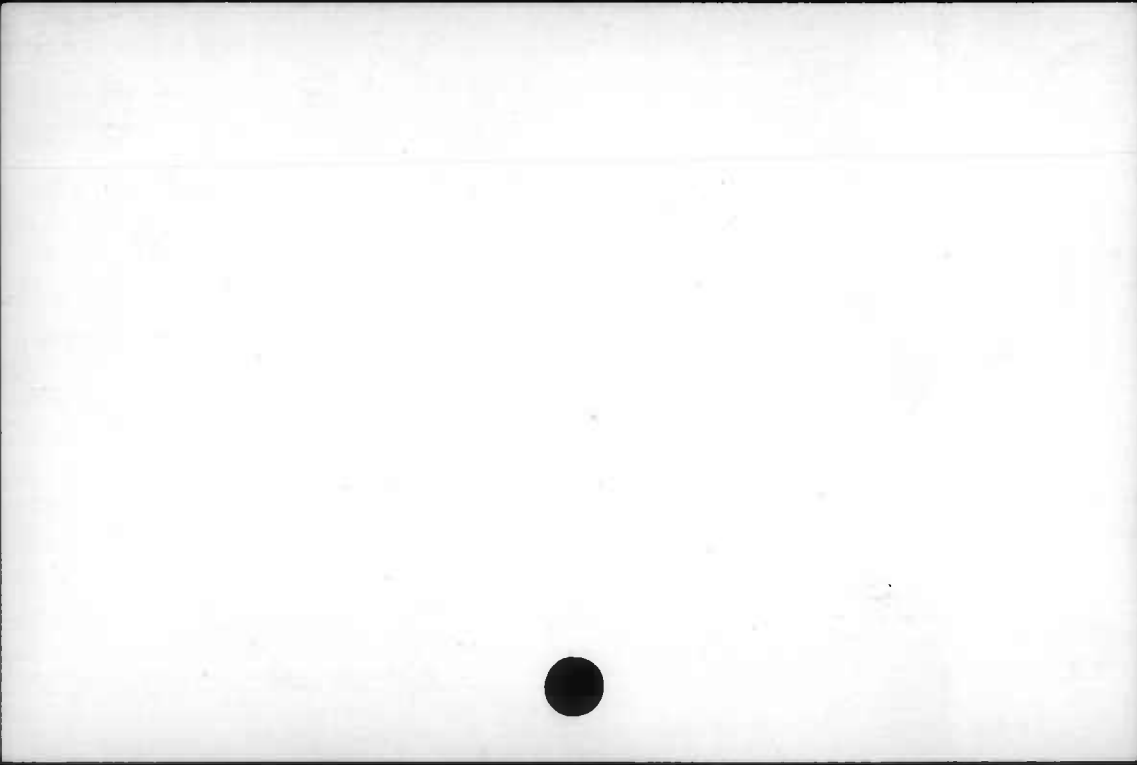
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|--|--------------------------------------|--|--------------------|--|
| Name in Full <i>Genobia Julian</i> | | Town <i>Mallville</i> | | County <i>Calvert</i> | | MARYLAND | |
| Died at <i>Mallville</i> | | Month <i>April</i> | | Day <i>30</i> | | Years <i>29</i> | |
| Date of death <i>1900</i> | | Month <i>April</i> | | Day <i>30</i> | | Age <i>29</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Mallville, Md.</i> | | Months <i>6</i> | |
| Occupation <i>Housewife</i> | | Where Reiding if not at place of death | | | | Days <i>6</i> | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>James Julian</i> | | | | | |
| Father's Name <i>Jeremiah E. Thomas</i> | | Father's Birthplace <i>Annapolis, Md.</i> | | | | | |
| Mother's Maiden Name <i>Maria Beverley</i> | | Mother's Birthplace <i>Mallville, Md.</i> | | | | | |
| Name of person giving Information <i>Sutton L. Fowler</i> | | How related to deceased <i>Brother-in-law</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Pulmonary tuberculosis</i> | How long <i>12 months</i> |
| Immediate <i>Exhaustion</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>George Peterson</i> |
| <i>2</i> | Address <i>St. Leonards, Md.</i> |
| Accident or Suicide | |



Name
in
Full

Aminie Norfolk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|--------------------|--|---------------|----------------------|--------------------|
| Died at | | Town <u>Solomons</u> | | County <u>Calvert</u> | | MARYLAND | |
| Date of death | | 19 <u>40</u> | Month <u>April</u> | Day <u>4</u> | Age <u>30</u> | Years <u>minutes</u> | Months <u>Days</u> |
| Sex <u>Female</u> | | Color or Race <u>White</u> | | Birth-place <u>Solomons,</u> | | | |
| Occupation <u>—</u> | | | | Where Residing if not at place of death <u>—</u> | | | |
| Married, Single or Widowed <u>—</u> | | Name of Wife or Husband <u>—</u> | | | | | |
| Father's Name <u>James C. Norfolk</u> | | Father's Birthplace <u>Calvert Co. Md.</u> | | | | | |
| Mother's Maiden Name <u>Minnie Estelle Abbott</u> | | Mother's Birthplace <u>Solomons, Md.</u> | | | | | |
| Name of person giving Information <u>Minnie E. Norfolk</u> | | How related to deceased <u>Mother</u> | | | | | |

CAUSES OF DEATH

151

✓

PHYSICIAN
OR CORONERPrimary Premature birth

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

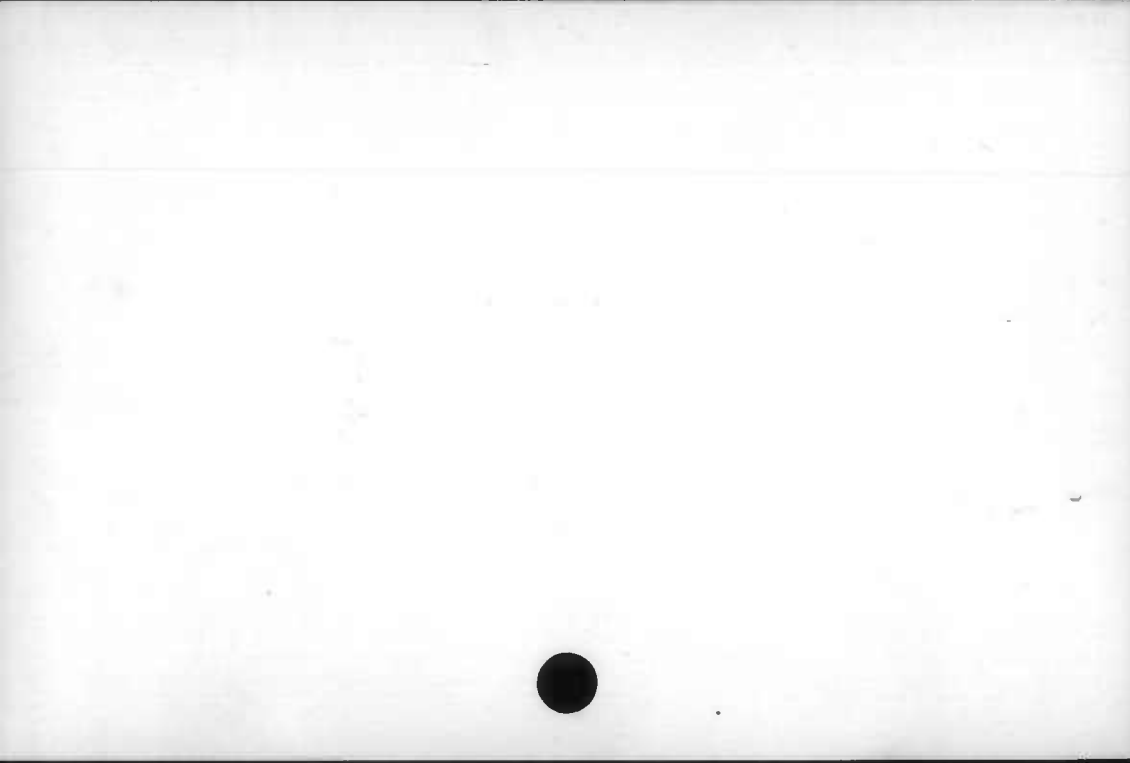
yes

Signature of Physician

Address

W. H. Marsh, M.D.
Solomons
Md.

Assault or Suicide



Name
in
Full

Stephen S. R. Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Near Browns* ^{County} *Calvert* **MARYLAND**

Date of death ^{Month} *April* ^{Day} *First* ^{Years} *42* ^{Months} ^{Days}

Sex *Male* Color or Race *White* Birth-place *Calvert County*

Occupation *Farmer* Where Residing if not at place of death *place of death*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Calvin W. Simmons* Father's Birthplace *Calvert County*

Mother's Maiden Name *Mary C. Robinson* Mother's Birthplace *"*

Name of person giving Information *Annie V. Simmons* How related to deceased *Step Mother*

CAUSES OF DEATH

158

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

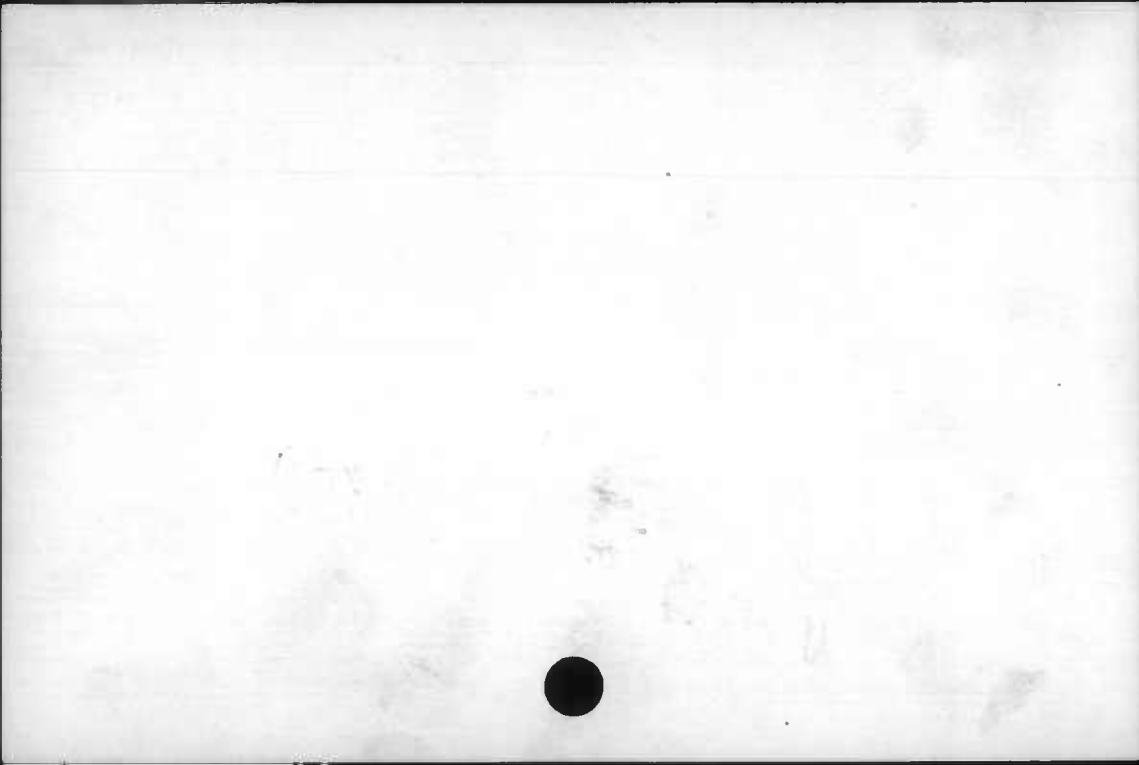
Address

O. J. Simmons M.D.

Browns Md.

Accident or Suicide

Suicide



| | | | | | | | |
|---|---|--|---|---------------------|----------------------------------|----------------------|--|
| Name in Full | | Isiah Thomas | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at <u>Oliver</u> Town | | <u>Calvert</u> County | | MARYLAND | | |
| | Date of death | 19 <u>10</u> Month, <u>April</u> | Day <u>2</u> | Age <u>80</u> Years | Months <u>—</u> | Days <u>—</u> | |
| | Sex <u>male</u> | Color or Race <u>white</u> | | | Birth-place <u>Calvert Co Md</u> | | |
| | Occupation <u>Fisherman</u> | | Where Residing if not at place of death | | | | |
| | Married, Single or Widowed <u>Widowed</u> | Name of Wife or Husband <u>Sarah Jane Ward</u> | | | | | |
| | Father's Name <u>Unknown</u> | Father's Birthplace <u>Unknown</u> | | | | | |
| | Mother's Maiden Name <u>Unknown</u> | Mother's Birthplace <u>Unknown</u> | | | | | |
| Name of person giving information <u>Suel Thomas</u> | | How related to deceased <u>Son</u> | | | | | |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> 154 </div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary <u>Senile Debility</u> | | How long <u>Several mos.</u> | | | | |
| | Immediate <u>Dropsy</u> | | How long <u>3 weeks</u> | | | | |
| | Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | | Signature of Physician <u>Geo F Chambers M.D.</u> | | | | |
| | | | Address <u>Lusby Calvert Co Md</u> | | | | |
| Accident or Suicide? <u> </u> | | | | | | | |



Name
in
Full

Edward Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--------|-------|-------------------------|---|-------------------------|---------------------|------------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1900 | | April | 11 | Age 34 | | | |
| Sex | male | | Color or Race | white | | Birth-place | Calvert Co |
| Occupation | Farmer | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | | | |
| Father's Name | | | Thomas Green | | | Father's Birthplace | |
| | | | | | | Calvert Co | |
| Mother's Maiden Name | | | Unknown | | | Mother's Birthplace | |
| | | | | | | " | |
| Name of person giving information | | | | | How related to deceased | | |

CAUSES OF DEATH

120

✓

PHYSICIAN
OR CORONER

| | | | |
|--|------------------|------------------------|-------|
| Primary | Bright's Disease | How long | 6 mos |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| ✓ | | L. N. King | |
| | | Address | |
| | | Barstow Md | |
| Accident or Suicide | | | |

